

## HISTORY FACILITY PROFILE

RICHFIELD CARE CTR  
 83 E 1100 N PO BOX 787  
 RICHFIELD UT 84701  
 STATE'S REGION CODE: 001

PROVIDER #: 465059  
 PHONE NUMBER: (435) 896-8211  
 PARTICIPATION DATE: 01/26/1976

FACILITY BEDS  
 CERTIFIED: 98

TYPE ACTION: RECERTIFICATION  
 TOTAL: 98  
 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/16/2001		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 98	
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TOTAL:	92	ADMISSION SUSPENDED:	18	18/19	19
MEDICARE:	9	SUSPENSION RESCINDED:	--	--	ICF/MR
MEDICAID:	69			98	-----
OTHER:	14				

CURRENT SURVEY REVISIT DATES - 10/25/2001

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
02/1998		03/1999		05/2000		08/16/2001			
		X	E			X C	E	10/01/2001	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
X	B								REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE
		X	D	X	D				REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	E	X	D				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	D						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	B								REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
X	E					X C	E	10/01/2001	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	B								REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
X	E								REQ F0455-FACILITY HAS EMERGENCY ELECTRICAL POWER
									REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

#### EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
02/1998	02/1999	05/2000	08/15/2001		
			X C	10/01/2001	K0018-CORRIDOR DOORS
	X				K0029-HAZARDOUS AREAS - SEPARATION
	X		X F		K0038-EXIT ACCESS
	X				K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0069-COOKING EQUIPMENT
X					K0070-SPACE HEATERS
		X	X F		K0076-MEDICAL GAS SYSTEM
	X		X C	10/01/2001	K0104-PENETRATIONS OF SMOKE BARRIERS
					K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	4	5	5
HEALTH TOTAL	2	4	5	5
LIFE SAFETY CODE	4	3	4	2
LIFE SAFETY CODE + HEALTH	6	7	9	7

#### COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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08/16/2001	SUBSTANTIATED
09/12/2001	UNSUBSTANTIATED
04/25/2002	UNSUBSTANTIATED
10/17/2002	UNSUBSTANTIATED

#### FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSES    X=DEFICIENT  
 COP = CONDITION    REQ = REQUIREMENT